

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

S P — 3 9 3

2. STATE:

Delaware

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ -0-
b. FFY 2004 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 12 to Attachment 2.6-A, Page 2a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Supplement 12 to
Attachment 2.6-A
Page 2a

10. SUBJECT OF AMENDMENT:

The proposed regulatory action amends the Medicaid State Plan to use the authority at Section 1931(d) of the Social Security Act to continue Title IV-A waiver provisions for 24 months of Transitional Medicaid coverage.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒

OTHER, AS SPECIFIED:

Governor's comments will be sent under separate correspondence.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Elaine Archangelo

13. TYPED NAME:

Elaine Archangelo, Director, DSS

14. TITLE: Designee for Vincent P. Meconi, Secretary
Delaware Health and Social Services

15. DATE SUBMITTED:

11/22/02

16. RETURN TO:

Elaine Archangelo
Director
Division of Social Services
P.O. Box 906
New Castle, Delaware 19720-0906

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

11-25-2002

18. DATE APPROVED

FEB 20 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

10-01-2002

20. SIGNATURE OF REGIONAL OFFICIAL:

Mary T. McSorley

21. TYPED NAME:

Mary T. McSorley

22. TITLE: Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Suite 216, The Public Ledger Building
150 S. Independence Mall, West
Philadelphia, PA 19106-3499



FEB 20 2003

Elaine Archangelo
Director Designee for
Vincent P. Meconi, Secretary
Delaware Health and Social Services
P. O. Box 906
New Castle, Delaware 19720

Dear Ms. Archangelo:

We are pleased to enclose a copy of the approved State Plan Amendment No. SP-393. In consultation with CMS staff, Delaware DHSS staff revised the amendment. It provides that earned income may be disregarded for twelve months if employment would cause ineligibility for Medicaid. This disregard is permitted under Section 1931 of the Social Security Act. Once this twelve-month period expires, the transitional Medicaid coverage required under Section 1925 of the Act may be applied. The effect of this change allows Delaware to provide transitional Medicaid for up to 24 months. The effective date is October 1, 2002.

If you have any questions concerning this information, please contact Paul Hughes of my staff at 215-861-4171.

Sincerely,

Mary T. McSorley
Associate Regional Administrator
Division of Medicaid and Children's Health

Enclosure

NEW STATE PLAN

Amended page and faxed to CMS on 01/24/2003

Supplement 12 to ATTACHMENT 2.6-A

Page 2a

Less restrictive income and/or resource methodologies than those in effect as of July 16, 1996 - continued

4. *For both applicant and recipient families, all interest and dividend income is excluded.*

The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

Prior to 10/1/99, interest and dividend income is counted for both applicant and recipient families.

5. Disregard all earned income of recipients for 12 months after employment causes ineligibility.

_____ The agency terminates medical assistance (except for certain pregnant women and children) for individuals who fail to meet TANF work requirements.

- X The agency continues to apply the following waivers of provisions of Part A of Title IV in effect as of July 16, 1996, or submitted prior to August 22, 1996 and approved by the Secretary on or before July 1, 1997.

Delaware's 1115 Demonstration Waiver for Welfare Reform, A Better Chance (ABC), was approved on May 8, 1995 and serves as The State's TANF Plan effective 3/10/97.

TN No. SP 393

Supersedes

TN No. SP 379Approval Date FEB 28 2003Effective Date October 1, 2002